



Broken Hill High School

No Reward Without Effort

Principal: Mr Ross Mackay
Garnet Street, Broken Hill NSW 2880
Phone: 08 8088 1522
Email: brokenhill-h.school@det.nsw.edu.au
Website: www.brokenhill-h.schools.nsw.edu.au

9 February 2023

Dear Parent/Carer,

As a mentor in the Peer Support Program, your child/ward has been selected to attend the Year 7 combined Peer Support Retreat Day with Willyama High School. This event is held in conjunction with the Peer Support Program that will run at Broken Hill High School throughout Term 1.

Students will be completing a range of peer support activities and engaging with various youth agencies from the community. Students will be provided with recess and lunch.

Year 7 Retreat Day details as follows:

When: Thursday, 16 February 2023.

Where: Gary Radford Pavilion.

Time: 8:50am to 3:00pm.

Cost: Free.

Transport: Students will need to make their own way to and from the venue.

Requirements: Students are required to wear school uniform and to bring a hat and water bottle.

The staff members with CPR training accompanying the students are Mrs Shelby Smith, Mrs Sarah O'Byrne and Mr Seamus Kelly.

Please complete, sign and return the permission note and medical form to the Front office by **Wednesday, 15 February 2023.**

Yours faithfully,

Mr Seamus Kelly
Peer Support Coordinator

Mr Ross Mackay
Principal

Broken Hill High School
Year 7 Retreat Day – Permission Note

I give permission for my child/ward _____ of Year _____ to attend the Year 7 Retreat Day held at the Gary Radford Pavilion on **Thursday, 16 February 2023**.

- I have read the information issued and I hereby consent to my child/ward participating in the excursion.
- I acknowledge supervision details as outline on the Excursion Note.
- I understand and agree that if my child/ward seriously contravenes behaviour expectations, they may have their behaviour reported back to the school and be subject to the normal school discipline guidelines.
- I understand and agree to the travel arrangements.
- I give permission for my child/ward to receive medical treatment in case of emergency.

My child/ward has the following special needs (please provide full details on the attached medical form and include any relevant details).

Privacy Notice

The personal information provided on this permission note will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child/ward on this excursion. The provision of this information is voluntary but your child/ward may not be eligible to attend if it is not provided. This information will be stored securely and may be amended at any time by contacting the excursion coordinator.

Signed: _____

Parent/Carer: _____

Date: _____



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The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may attend the excursion detailed on the attached letter.

The information will only be used by the school in the case of an emergency. This information will be stored securely. Failure to supply this information may impede obtaining medical attention for your son / daughter as required.

Medical Details

Student Name: _____ **Date of Birth:** _____

Medicare No: _____ **Expiry Date:** _____

Date of last tetanus shot: _____

Known Allergies including food:

Other medical details of which we should be aware:

Doctor Contact Details: **Name** _____

Address _____

Phone No: _____

Parent/Carer Details: **Name:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____

Emergency Contact if required:

Name: _____ **Phone No:** _____

Signed: _____ **Parent/Carer Name:** _____ **Date** _____

I give permission for my child/ward to take panadol if required Yes/ No